Form 94 Department of Internal Revenience			Annual Federa separate Instruction				-		1545-0035
Enter state of for state in wideposits were made only if different from state in address to the right I (see the separa instructions). If you do not	vhich re f n ress	Name (as distingu)		ear dentification number and ZIP code	(EIN)	If address different t prior retu check he	from rn,
to file returns in the future, check here		L			•				
1 Num	nber of agricu	Itural employees	employed in the	pay period	that includes N	March 12, 2005) 1		
3 Soci4 Tota	ial security ta:	x (multiply line 2 ect to Medicare	urity tax (see separate see separate separate see separat	instructions			5		
			separate instruction						
			dd lines 3, 5, and						
8 Adju	Adjustment to taxes (see separate instructions)					8	_		
	Total taxes (line 7 as adjusted by line 8)								
		,	C) payments made			•	· ·		
	Net taxes (subtract line 10 from line 9)							1	
	3 · · · · · · · · · · · · · · · · · · ·							2	
			m line 11) (see se						
			ın line 11, enter her			heck if to be:	Applied to n	ext return or _	Refunded.
			00, do not comple				0	. 45	
		· · · · · · · · · · · · · · · · · · ·	e Form 943-A and che						k nere ► ∟
15 Mon			Liability. (Do not	complete if y		i i	depositor.)		
	_	Tax liability for mor	<u>ith</u>	-	Tax liability for n	nonth		Tax liabilit	y for month
A Januar	у		F June			K Noven	nber		
B Februa	ıry		G July			L Decen	nber		
			H August .			M Total I	iability for ye	ear	
						(add li	nes A		
			J October .			throug	jh L)		
Third-	Do you want	to allow another pe	rson to discuss this ret	urn with the IR	S (see separate in	structions)?	Yes. Complet	te the following.	No.
Party	Designee's		ſ	Phone		Perso	nal identifica	tion	
Designe				no. ▶ ()		er (PIN)	<u> </u>	
0:		ties of perjury, I decl is true, correct, and	are that I have examine	ed this return, in	ncluding accompa	nying schedules and	statements, a	nd to the best of	my knowledge
Sign	and bollon, it	io trao, corroot, aria	complete.						
Here	Signature ▶	•			Your e and Title ▶			Date ►	
For Drivoov			Notice, see the separa				Cat. No.		943 (2005)
Form Departmen	943-V It of the Treasury			ayment when making	Voucher			201	05
			r payment to this vol er (EIN), "Form 943," a			ney order payable to	o trie Offited	olales Heasury	. De suit
		entification number			, , ,,, ,-,,,,		D.	ollars	Cents
. Linoi	;		` '		mount of yo	ur payment. 🕨	5	onaro	Come
			3	3 Enter your business name (individual name for sole proprietors).					
				•	,		, ,		
				Enter your ad	dress.				
				Enter your city	y, state, and ZIP c	ode.			

Instructions for Form 943-V, Payment Voucher

Purpose of Form

Complete Form 943-V, Payment Voucher, if you are making a payment with Form 943, Employer's Annual Federal Tax Return for Agricultural Employees. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide Form 943-V to the return preparer.

Making Payment With Form 943

Make a payment with your 2005 Form 943 only if:

- Your net taxes for the year (line 11 on Form 943) are less than \$2,500 and the taxes are paid in full with a timely filed return or
- You are a monthly schedule depositor making a payment in accordance with the *Accuracy of Deposits Rule*. (See section 7 of Pub. 51 (Circular A), Agricultural Employer's Tax Guide, for details.) This amount may be \$2,500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. (See section 7 of Pub. 51 (Circular A) for deposit instructions.) **Do not** use Form 943-V to make federal tax deposits.

Caution. If you pay an amount with Form 943 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 7 of Pub. 51 (Circular A).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, apply for one on Form SS-4, Application for Employer Identification Number, and write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 943.

Box 3—Name and address. Enter your business name and address as shown on Form 943.

- Enclose your check or money order made payable to the "United States Treasury." Be sure also to enter your EIN, "Form 943," and "2005" on your check or money order. Do not send cash. Do not staple Form 943-V or your payment to the return (or to each other).
- Detach Form 943-V and send it with your payment and Form 943 to the address provided in the separate Instructions for Form 943.

Note. You **must** also complete the entity information above line 1 on Form 943.